

Hospital Newsletter

April 2002



Indiana State
Department of Health

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Hospital Bioterrorism Preparedness Planning

The Emergency Supplemental Act, 2002, and the Departments of Labor, Health and Human Services and Related Agencies Appropriations Act, 2002, signed by President Bush in early January, provided more than a billion dollars to foster State and local bioterrorism preparedness. These funds are intended to upgrade infectious disease surveillance and investigation, enhance the readiness of hospital systems to deal with large numbers of casualties and expand public health laboratory, communications systems capacities, and public health infrastructure.

Funds are being made available through cooperative agreements with the State Health Departments, and are awarded by the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA) of the Department of Health and Human Services, and the Metropolitan Medical Response system (MMRS) initiative.

The HRSA grant has as its purpose to upgrade the nation's hospitals and collaborating entities (community health centers, federally qualified health centers, rural health centers, emergency medical systems and poison control centers, etc.) to respond to bioterrorism and mass casualties. This activity will also allow the hospitals and the health care system to become more prepared to deal with nonterrorist epidemics of rare diseases and disasters, whether manmade or natural.

The prime focus will be on the implementation of bioterrorism preparedness plans and protocols for hospitals and other participating health care entities. Under the grant, the Indiana State Department of Health (ISDH) in conjunction with the Indiana Hospital & Health Association (IHHA) will develop a statewide or more likely some regional models for such protocols as well as collaborate with other states (IL, OH, KY) and expert national organizations (CDC, et al.)

Of the total \$124,100,000. allocated by Congress in the HRSA grant for the 50 states, 4 territories and 4 municipalities, Indiana was allotted \$2,605,616. The grant calls for at least 73% of the

money to be used by hospitals. Indiana proposes to put close to 90% of the money in the hands of hospitals to be used as follows:

- upgrade personnel skills,
- disaster/bioterrorism training,
- emergency equipment,
- personal protective equipment,
- communication connectivity,
- drills, as well as
- public health infrastructure.

The Hospital Bioterrorism Preparedness Planning Committee (HBPPC) has been formed and will oversee the preparation of the assessment and plans as well as distribution of the funds. IH&HA, under the guidance of the HBPPC and ISDH will conduct the assessment of readiness. Plans will be developed and monies distributed to individual hospitals according to identified and prioritized needs. The overall goal will be improving the public health infrastructure and preparing hospitals and public health entities to handle mass casualties.

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Progress On Statewide Immunization Registry

On January 7th 2002, the Indiana State Department of Health (ISDH) began work on a three-year project to implement a Web-based immunization registry throughout the state. The registry is named the **Children and Hoosiers Immunization Registry Program (CHIRP)** and will provide up-to-date immunization information for both public health and private providers of health care. The Web-based system will increase the accuracy and accessibility of immunization information for Hoosiers, according to State Health Commissioner Greg Wilson, M.D.

Through a competitive process, Scientific Technologies Corporation (STC) was selected to implement the statewide system. STC has been actively involved in the development of immunization registries in 10 states. ISDH selected 10 target counties – which include many of the most highly populated counties in the state – for implementation this year. The 2002 counties include Allen, Delaware, Elkhart, Lake, Madison, Marion, Marshall, Monroe, St. Joseph and Vigo.

While local health department linkage to CHIRP is actively underway, selected private physicians, community health centers and hospitals in the targeted counties will be included on a pilot basis in the first year of this three-year project. For the early pilot sites, Internet access, willingness to participate in two to four hours of regional or on-site training and participation in user's group meetings/teleconferences is required.

Rapid progress in developing the registry system has taken place. As of March 27, 2002, 10 county health departments, two Federally Qualified Health Centers and three city clinics in Lake County have patients enrolled in CHIRP. There were 313,155 patients and over 2.7 million doses of vaccine recorded in the registry within the first 11 weeks of the project. Those figures will more than double when the data from the Marion County Health Department immunization registry enters the system by the end of April.

For further information about the registry, contact Delaine Sans, Registry Project Director (Dsans@isdh.state.in.us) or Charlene Graves, MD, Medical Director (Cgraves@isdh.state.in.us) with the Immunization Program at ISDH.

EMTLA Update

The key provisions of the Emergency Medical Treatment and Active Labor Act (EMTLA) are:

- A hospital is required to provide medical screening exam to any person who comes to the emergency department and requests examination or treatment for medical condition.
- If a hospital determines that the individual has an emergency medical condition, the hospital must provide further medical examination and treatment to stabilize the medical conditions.
- If the hospital is unable to stabilize the patient, the hospital must provide for an appropriate transfer to another medical facility.

In July 2001, K. Blalock and S. Wolfe found that there were 527 hospitals in 46 states that were found to have violated EMTLA during the period from 1996 through 2000. (Source: "Questionable Hospitals...", Public Citizen Health Research Group, Kaija Blalock and Sidney M Wolfe, M.D., July 2001). Data in Indiana found that 12 hospitals were investigated for EMTLA allegations in year 2000 and 2001.

In January 2002, DHHS issued questions and answers about on-call policies for physicians in the emergency departments. This document is attached for your review.

On March 22, 2002, the Office of the Inspector General (OIG) issued its final rules - making a number of technical corrections related to its fraud and abuse enforcement activities. Included was an administrative penalty for EMTLA violations for "any other violation" of such conduct. The previous language has permitted OIG to consider the hospital's prior history of offenses. This revision to the rules expands OIG authority, allowing "subsequent" as well as "previous" violations, and to consider incidences which have been found to be violations by a court or by an administrative law judge.

Sprinkler Head Recall

The Consumer Product Safety Commission has found that certain heads to fire sprinkler systems may require higher water pressure to activate than is available in the building's system. The commission has asked Central Sprinkler, Gem Sprinkler, and Star Sprinkler to replace the units at no charge to the providers.



Please review the attached 4/16/02 ISDH notice and determine if the sprinkler heads in your building are part of the recall. Providers with recalled sprinkler heads have until January 2003 to secure documentation from the manufacturers that they are committed to replace bad units in your center.

Accreditation In Lieu of a State Survey

With the announcement that hospitals may use their accreditation survey in lieu of a state survey, ISDH awaiting for hospitals to notify us that they are having an accreditation survey in 2002 and stating their intent to file the accreditation survey in lieu of an ISDH state survey. Filing your letters of intent will assist ISDH staff in developing its survey schedule for Calendar Year 2002.

Disclosing Service Reports

Under the Hospital Disclosure Act, each hospital will provide a report on set-up beds and inpatient and outpatient utilization.

The format of beds, discharges, and patient days for 16 inpatient services is unchanged from last year. It has been used by the public to compare hospital services.

Previous reports are posted to the ISDH Web site. Posting of the 2000 reports has been delayed. Copies of 2000 reports can be obtained by calling 317.233.7541.

This packet includes the format for 2001 utilization reporting. The instructions, diskette, and form should be forwarded to the Hospital Registered Health Information Administrator.

Patient Safety Update

The following is an update of various initiatives related to patient safety:

- Seven Indiana hospitals have submitted data to the Leapfrog Group on Patient Safety. The data show that these Indiana hospitals have made good progress in implementing Leapfrog recommendations safety practices on computerized drug orders, and mixed progress on safety practices on ICU staffing. The Web site can be found at: www.leapfroggroup.org
- The Agency for Health Care Research and Quality has posted a patient fact sheet titled "20 Tips to Help Prevent Medical Errors", and "Ways You Can Help Your Family Prevent Medical Errors." The information can be found at: www.ahrq.gov/consumer/20tips.html.
- The Joint Commission on Accreditation of Healthcare Organizations launched a campaign to encourage patients to play a more active role in preventing medical errors. Information standards can be found at <http://www.jcaho/sentinel/safety.html>

House Bill 1346 has been signed and will expand the responsibilities of the Indiana Commission on Excellence in Health Care to include a study and recommendations on the status of nurses, respiratory care practitioners, speech pathologists, and dental hygienists in the state.

Form 1514: Your Hospital's Request for CMS Certification

As part of the 2002 Indiana State Department of Health performance standards initiatives, particular emphasis has been placed on review of the Federal Form HCFA 1514. The HCFA 1514 is the hospitals' official request for certification in the Medicare/Medicaid Programs (CMS).

Information submitted by the hospital on the HCFA 1514 is entered into a federal database and is utilized to determine the types and scope of services provided.

Completion of the HCFA 1514 is requested at the time of all surveys. It is likely that a hospital may be requested to complete the form 1514 more than once per year. The information obtained from the HCFA 1514 provides basic information about the hospital and services provided at both the hospital main location and off sites. In addition, it authorizes accrediting bodies to release accreditation survey results to CMS. The hospital should review the information carefully with the survey team prior to the end of the survey.

Included on the HCFA 1514 is a request for all off-site locations that operate under the hospital's provider number. If a hospital has new off-site locations, communication should be submitted to ISDH prior to or at the same time of listing the site on the HCFA 1514. An off-site that is listed on the HCFA 1514 without prior notification to ISDH will not be recognized or entered into the database. Initial off sites requires plan approval by ISDH before occupancy under Indiana State licensure rule.

On section VI of the HCFA 1514, Services provided must be marked for those services provided directly (by employees) as a "1", services provided under contract (agreement or contract) as a "2" and those by both (employees and contract) by a "3". You MAY NOT offer a service directly without a number in the employee section VII that matches that service. Example: If your hospital offers physical therapy services #31 directly or by both direct and contract, there MUST be at least .10 FTE Physical Therapist in M19. If a service is provided by contract only, there would be "0" FTE in employee section that matches the service. Example: Hospital does not have a licensed Social Worker (M22) employed but has a contract for the provision of the service, Social Services #40 would be marked as a "2" and Medical Social Worker (M22) with "0".

The hospital's accuracy and completeness of the 1514 will be critical in ensuring continued participation with CMS.

Telephone Directory by Topic

ASC Program & Procedure Changes

Ann Hamel
317.233.7487

Plan Review

Wes Anderson
317.233.7882

Data Reporting

Tom Reed
317.233.7541

We're on the Web!
www.IN.gov/isdh

Hospital Information on ISDH Web Site

- ◆ Directory (with quarterly updates)
- ◆ Laws/Rules/Regulations (USA & IN)
- ◆ Licensing Form
- ◆ Surgical Report
- ◆ Links to QA organizations

www.IN.gov/isdh/regsvcs/providers.htm

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